Medical Notes in Parliament

HEALTH SERVICE BILL

REPORT STAGE—SECOND DAY

When the Debate was resumed on July 23, Mr. HOUSE moved an amendment to Clause 33. He proposed to insert the words "or others" after the words "medical practitioners" in the injunction that every Executive Council shall make as respects their area arrangements with medical practitioners for the provision of personal medical services for all persons who wish to take advantage of the arrangement. He said that nature-cure practitioners who reached a required standard of training and qualification should be recognized under the Bill. Such practitioners comprised naturopaths, osteopaths, and others. Patients should have the free and unfettered right to attend the practitioner of their own choice. Medical practice so far as it was based upon the application of medicines, drugs, and vaccines was undesirable. Mr. House referred to Mr. Bevan's recent illness, and remarked that in consequence of it he had lost a week or more of the Committee stage of the Bill. He said he had seen Mr. Bevan since with his little tins and pills and pellets. There had been an inquiry into osteopathy by the House of Commons in 1935, but the inquiry board was composed to a large extent of medical representatives, and so was unfair to start with. Furthermore, the osteopaths were not ready and many of their witnesses conducted their case foolishly.

Sir ERNEST GRAHAM-LITTLE said there had been a second inquiry in the House of Lords by a Select Committee. This had a very large number of sessions. In the middle of that inquiry the osteopaths threw in their hand and said they were not going further. Mr. EWART seconded the amendment and asserted that workers would not get the benefits of physiotherapy.

OSTEOPATHY AND ORTHODOXY

Mr. BEVAN said he thought that the heterodoxy of yesterday became the orthodoxy of to-day, and that the medical profession to-day practised many forms of therapy which it yesterday rejected. He did not intend to commit the indiscretion of forming a judgement on the relative merits of one form of therapy against another. The House was discussing an amendment which would place on the Executive Council of each area the obligation of providing whatever kind of medical attention any citizen might want. That was an impossible suggestion. The consequence would be that any Tom, Dick, or Harry would be able to prey upon the credulity of any citizen and could call upon the State to provide the money for that service. It was true that under the National Health Insurance Acts there was some provision, rarely exercised, for the subvention of a person who wished to have some form of medical treatment. That was difficult to administer, and if it were extended would be impossible to administer. Physiotherapy and occupational therapy were being extended and had been fostered by distinguished doctors.

Sir HENRY MORRIS-JONES said fine cures were achieved by nature-curers and osteopaths, but their failures were unknown and unsung. In many cases such treatments delayed orthodox treatment and resulted in a great loss of lives.

Sir ERNEST GRAHAM-LITTLE said that twenty years ago he had asked the House to institute an inquiry into the whole question of irregular practice. That inquiry was very necessary. Schools of naturopathy in this country were few and ill-equipped, and examinations were just puerile. Osteopathic schools were entirely confined to America. Sir Ernest recalled that Mr. Neville Chamberlain, then the Minister of Health, said he could not recognize examinations carried out in another country, and that when the osteopaths decided to follow courses of study approved as suitable for medical practice in this country there would be no difficulty in getting them recognized. Until an established scientific inquiry had been instituted there should be no recognition of any section of irregular practice. At present, quite properly, the irregular practitioner was not recognized. The amendment proposed by Mr. House was negatived.

Mr. TURTON moved an amendment dealing with the issue of medical certificates. Mr. BEVAN said that at present the issue of certificates was limited to those connected with insurance work. The Bill extended this. Further certificates would be issued for the purpose of any enactment under which certificates were required. That extended the obligation of the doctor. To suggest that a person should be entitled to receive a certificate from a doctor whenever and for whatever he required it was going too far. To widen the obligation further would meet with resistance from the profession. The amendment was withdrawn.

DIRECTION AND DISTRIBUTION

On Clause 34 Mr. J. S. C. REID moved to leave out the greater part of the Clause. He said it was proper that the House should come to a decision on this and subsequent Clauses which had alarming possibilities for the independence and freedom of the profession. He proposed to exclude from Clause 34 the words which limited the right of doctors to go on the list in an area with those who were in practice in that area before the appointed day. By his amendment any doctor would be entitled to go on any list in any part of the country where he offered his services, provided he was not personally objectionable. In committee it had appeared that the basis of these Clauses was the Government opinion that there was something evil about the purchase and sale of goodwill, and that the Clause controlling the movement of doctors was a necessary consequence of the abolition of the doctor's right to sell his goodwill. Mr. Bevan had not made a case that control of the movement of doctors was necessary. The strict limitation of movement proposed in the Clause was uncalled for even in to-day's circumstances. When this Bill came into operation with 100% of the population available for capitation fees, of whom he estimated about 90% would come into the scheme, there would be little difficulty in getting doctors to go to what were now difficult areas. The problem could be cured without any of the restrictions proposed by Mr. Bevan. There was no justification for this jurisdiction being conferred upon the Medical Practices Committee. When a vacancy occurred existing partners were not allowed to choose a practitioner they wished to come into their partnership. The question was to be remitted to the Local Medical Committee. He did not think this was for the good of the profession or for the good of the country. It was quite clear that the Minister wanted to dictate to the doctors.

Mr. BEVAN said: "Certainly not!" The buying and selling of practices was repugnant to the Government. That was the first principle, and another was that Parliament should seek to bring about an equitable distribution of a general practitioner service. These principles necessarily implied that Parliament must set up machinery for the distribution of general practitioners. The doctors would normally be consulted on the filling of a vacancy, and thus they would have a greater privilege than the members of any other profession. Then the Executive Council would make the appointment and the Medical Practices Committee would confirm it. Mr. Reid's amendment would wreck the whole Bill.

Sir HENRY MORRIS-JONES said Mr. Bevan was taking away from the doctors a right which they had now and they had never asked for that right to be taken away. Mr. BEVAN said Sir Henry was right, but the doctors were not yet in sole control of the country. It was Parliament which had decided that the country was going to have a public health service, and therefore it must construct the principles which made that service practicable. Mr. Reid had suggested that the doctors should have the right to enter the public service at their own will in any part of the country, claiming something which no other profession had. If doctors were allowed to go anywhere the scheme would be impossible to implement because the Ministry would never know where the doctors were going until they had gone. He did not say that if the doctors did not enter the public service they should be under restraint. They could put up their plates wherever they liked, but if they wished to receive remuneration from the public service one condition was that the doctor should not serve where his services were not required. This was a negative control over distribution.

Mr. HENRY STRAUSS did not believe it to be in the public interest that any district could say: "There are enough doctors here." The doctors in the barred district would be freed from all stimulus to efficiency. Mr. LINSTEAD pointed out that so long as a man was not going as a doctor but only as an assistant this clause did not apply. He suggested that as assistants were exempt from the Clause the case for direction in order to secure a proper distribution of medical practitioners was not proved. Mr. WILLINK supported the amendment, and after further discussion it was rejected by 277 to 128.

SALE OF PRACTICES

Mr. REID moved to leave out Clause 35 prohibiting the sale of medical practices. He said that Conservatives did not agree that there was any intrinsic reason for abolishing the sale of goodwill. The House had not been told of any practical benefit which that change would achieve. If Parliament did desire to stop the sale of goodwill they did not need so complicated and so oppressive a clause as Clause 35. It would be easy to draft a clause which would provide that there should be no

direct sale, and that other transactions which could be proved to be a cloak for payments which were really payments for goodwill would be illegal on being so proved and would be subject to penalties. The deliberate offender could be caught with a simple clause because intent could be proved against him, but under the present Clause thousands of innocent transactions would be impeded and probably there would be only half-a-dozen prosecutions in the end. For the sake of one or two people scattered over England a doctor or his widow could not sell his house to another doctor or make any partnership agreement with another doctor or take on another doctor as an assistant without going to the Medical Practices Committee under subsection 10.

Mr. BEVAN pointed out that subsection 10 had been put in as a protection because he was of opinion that many arguments previously advanced by Mr. Reid were sound. The State had set aside £66,000,000, which the medical profession agreed was extremely generous, and the State was therefore entitled to take precautions to ensure that any doctor did not get the benefit twice. The original Clause was drawn very tightly but had been amended in committee, and the doctor now had to obtain from the Medical Practices Committee, mainly a professional body consisting of his colleagues, a certificate that a transaction was reasonable. That was a defence against any action being taken. In a later amendment Mr. Bevan said he introduced the word "knowingly" to make clear that there must be awareness of the offence before it had been committed. In all the circumstances every kind of protection had been given in this matter.

After further discussion Mr. Reid's amendment was defeated by 305 to 110. On the Motion of Mr. KEY consequential and drafting amendments were made in the same Clause including the insertion of the word "knowingly," as promised by Mr. Bevan, and a provision that the sale of a partnership to an assistant shall be deemed to have been effected at the time when the remuneration was fixed.

DISQUALIFICATION OF PRACTITIONERS

On Clause 42 Mr. REID moved, where the Clause provides for inquiry into cases where it is represented that the continued inclusion of a person in a list would be prejudicial to the efficiency of the service, to add the words: "By reason of his failure properly to provide the services which he has undertaken." In committee the Minister had said that the local executive would decide whether a man was a bad influence. Mr. Reid contended that the local executive had to decide nothing of the kind. It had to decide whether a man had fallen short in certain specific respects. Under the form of words in the Bill it would be possible for a doctor to be dismissed by the Minister merely because the Minister thought he was a bad influence without anything having been proved. Mr. Bevan had gone on to say that the Government could not admit that the Courts should interpret whether the doctor had been in fact a good servant of the people. Mr. Reid remarked that this was a more authoritarian approach than the public was accustomed to in this country.

Mr. BEVAN asked what was wrong with the words "bad servant" and "bad influence"? Before the doctor could be removed something had to be proved against him. It was not enough for the Minister to dislike his voice or his politics. Something had to be proved which made him, in respect of his being a doctor, a bad public servant. The doctor might not be tending his patients properly although he might be a good doctor. All kinds of reasons might make him a bad person to employ and the Tribunal must take them into account, but they must always be concrete and particular reasons. It was for the General Medical Council to pass judgment upon a doctor as a doctor, but when a doctor was a servant of the National Health Service and fell short of what was required in rendering certain services, he was not a proper servant and was liable to be removed. The amendment was withdrawn.

THE RIGHT OF APPEAL

Mr. BEVAN moved to insert in the same Clause the words: "(4) An appeal shall lie to the Minister from any direction of the Tribunal under the last foregoing subsection and the Minister may confirm or revoke that direction." Mr. Bevan recalled that in committee the words "appeal to the Minister" in the case of a dismissal of a doctor had been deleted and that a proposal to substitute an appeal to "a High Court judge" had not been substituted. He said this was a matter of importance. The Minister and the doctor, or rather the Executive Council and the doctor, were in some respects in the relationship of employee and employer, and it would be perfectly proper if the employer could dismiss the employee without any redress. But it had seemed to him that it would be difficult if not impossible for doctors who were removed from the service to obtain a livelihood outside, and that special protection should be given to the individual against any possibility of injustice. Mr. Bevan said that by his own plan he interposed a tribunal between himself and the Local Executive Council, which might for one reason or another be prejudiced. The Chairman of the Tribunal would be a local person appointed by the Lord Chancellor but not a dentist or a doctor. If the Tribunal decided that the Local Executive was correct in its decision, the doctor had a further appeal to the Minister, who would then institute an inquiry. He could appeal on one of three grounds. First, that the procedure laid down for his trial had not been carried out; second, that the Tribunal had exceeded its powers; third, that the principles of natural justice had been violated. Conservative members suggested that instead of the doctor appealing to the Minister he should have the right to appeal to a judge of the High Court. This would put the judiciary in a queer relationship with the legislature. How could a judge of the High Court decide better than the Executive Council whether a doctor had been an efficient servant? The qualitative significance of facts in the health service was a matter which only those who knew the service could judge. Supposing that a doctor appealed to the High Court judge against a decision of the Tribunal and the High Court judge decided that the man was restored to the list and then a week afterwards a child died in circumstances clearly pointing to negligence by the doctor. If a question were put in the House of Commons to the Minister of Health, the Minister's reply would be: "I did not appoint the doctor: it was the High Court judge." That would be a ridiculous situation.

Dr. MORGAN said he would have to vote against the Government or abstain from voting on this issue if it went to a Division. The aggrieved person should have the right of appealing to a higher court. He would be better to go before an experienced judge accustomed to weighing evidence. Mr. WILLINK said the issue was one of first-class importance, and there ought to be an appeal to a court of law.

The House rejected the proposed amendment by 296 to 129. It then accepted an amendment proposed by Mr. KEY which would give a doctor a right of appeal to the Minister for the removal of disqualification. On Clause 47, on the decision of disputes, the House agreed to an amendment proposed by Mr. KEY removing from the Clause provision for the appointment of a person to act on behalf of the Minister. Mr. BEVAN explained that this was in fulfilment of a promise made in committee.

HOSPITAL MANAGEMENT COMMITTEES

On the Third Schedule Mr. WILLINK moved to insert a provision that a hospital management committee should have power to co-opt not more than three persons to be members of the committee. He said that as the Bill stood these committees were entirely nominated by the Regional Hospital Board. Mr. BEVAN said he could not accept the amendment, which had already been considered in committee. The amendment was withdrawn and the committee agreed to an amendment proposed by Mr. KEY providing that no member or officer of any body or committee named in the Schedule should be debarred from being elected a member of the House of Commons. Minor amendments were made in the Fourth and Fifth Schedules and the remaining Schedules. The Report stage was thus completed and the Bill was set down to be read a third time.

Third Reading

Mr. KEY on July 26 moved the Third Reading of the National Health Service Bill. He said the fully developed services which would be provided under the Bill would give early and adequate attention to the onset of diseases, the results of accidents, and the effects of increased age. Since the Bill received a Second Reading, no major change had been made in it. Some might think that another method of distribution of practitioners was preferable to what was adopted in the Bill, but when these things had been adequately considered the will of the majority must prevail, and the duty of all was to co-operate in making the service a success. He was convinced that doctors and doctored, hospital governors and municipal councils, Ministry of Health representatives and health workers would come together to work out the details of this great service. By regional boards, management committees, and house committees, the Bill widened and extended the opportunities for voluntary service in management and control of hospital institutions. By extending to these boards and committees the power to accept gifts and hold endowments it encouraged local voluntary efforts. By guaranteeing maintenance of the institutions and provision from public funds of money for normal day-to-day expenses, it set free voluntary contributions for purposes likely to appeal to private donors. He denied that the Bill mutilated the structure of local government. He remarked that all appointments to the bodies which would

carry out the Minister's powers were to be made after consultations with the organizations concerned. In the general practitioner service only one change had been made: the Minister's control, to a negative extent, in the distribution of doctors through the Medical Practices Committee. No power of a new kind in this department had been conferred on the Minister by the Bill. His powers were of a kind which had been enjoyed for over thirty years by Ministers in relation to benefits under the National Health Insurance scheme. He denied that the Bill appropriated trust funds and benefactions in contempt of the wishes of donors and subscribers. The charge that the Bill undermined the freedom and independence of the medical profession was perversion *par excellence*. Every doctor was free to enter this service or not as he chose. If he entered he was free to take or reject patients. If he entered he was free—an astounding thing to many—to accept private patients if he wished. But if he entered the service he did so on the understanding that he accepted and observed the essential conditions of the service which he joined. Had the freedom of the medical practitioner in a municipal or voluntary hospital been undermined because he accepted a salaried appointment in the hospital concerned? No body of public or of private employees ever had the same freedom as the medical profession would have under the Bill. The chairman of the Medical Practices Committee, which was the general practitioner's real employer, must be a doctor, and six out of eight of the members must be doctors as well, five being actively engaged in practice. Misrepresentation could sink to no lower depth than to say that this undermined the freedom and independence of the profession. The case for the Bill was proved up to the hilt.

REJECTION MOVED

Mr. LINSTEAD moved that:

This House, while welcoming a comprehensive health service, declines to give a Third Reading to a Bill which discourages voluntary effort and association; mutilates the structure of local government; dangerously increases Ministerial power and patronage; appropriates trust funds and benefactions in contempt of the wishes of donors and subscribers; and undermines the freedom and independence of the medical profession to the detriment of the nation.

He said the Bill would provide a dull, uniform, unimaginative, and pedestrian health service. Lack of co-ordination would not be removed by the Bill. Half-a-dozen Government Departments would still be responsible for types of health service and local service divorced from one another. There would be health centre services where three or four authorities would meet in the same building. The Bill did not use the circumstances of local growth but uprooted the present system, gathered it into the centre, and then artificially devolved it outward. There was maximum control of the professions, with every inducement to compel medical practitioners to come into the scheme. A bribe of £66,000,000 of the taxpayers' money was being used to sweeten the Bill for the medical profession. There was excessive concentration of power and patronage in the hands of the Minister. Mr. Key had pointed out that nomination would be exercised by the Minister after consultation with appropriate organizations. But these organizations would be selected by the Minister, and their chairmen, in many cases, would be selected by the Minister alone without consultation with anybody. There would be an administrative bottleneck in Whitehall. The Bill would kill the voluntary hospitals, and would prevent people giving local voluntary service because it would amalgamate hospital committees into committees managing thousand-bed units. The Government would place hospitals under remote control by regional boards, many of them 100 miles away from some of the hospitals they administered. Provisions in the Bill would put the medical profession in chains. Prohibition of the sale of medical practice removed an honourable inducement to give increased and better service. The Bill interfered with the rights of doctors to choose their partners. It deprived a practitioner who stayed outside the scheme of access to hospital beds. It supplanted by new tribunals the professional disciplinary tribunals which had looked after the discipline of the great profession for a century. In the course of a few years a free profession would cease to exist and the country would have reached the goal welcome to Labour M.P.s—a salaried medical service.

Cmdr. MAITLAND seconded the amendment.

UTILITY MEDICINE IN UTILITY HOSPITALS

Mr. ECCLES said his father, grandfather, and great-grandfather all qualified at St. Bartholomew's Hospital and Lord Dawson of Penn had been his father-in-law. If Lord Dawson had lived two more years the House would be debating a better Bill. The essence of the controversy between the medical supporters and opponents of the Bill was the doctor's responsibility. The Bill laid down that the doctor should be responsible both to his patient and to the State. Mr. Bevan had never appreciated the consequences of his solution to this dilemma of responsibility. The Bill took away the single duty to the patient. Doctors he had known would have protested strongly against the doctrine of utility medicine in utility hospitals. Patients had confidence in a hospital because all doctors, whether general practitioners or specialists, learned their medicine under men who had imbibed the tradition of undivided responsibility of the independent doctor to his patient. The Minister recognized the value of this tradition by the treatment which he gave to the teaching hospitals.

Mr. BEVAN asked Mr. Eccles to say in what part of the Bill the Minister or any of the Boards interfered with the professional conduct of the doctor toward his patient. Mr. ECCLES replied that throughout the Bill the doctor was responsible to agencies set up by the Minister. Mr. BEVAN said Mr. Eccles was wrong.

Dr. STEPHEN TAYLOR said the real danger about the Bill was that it gave the doctors too much freedom. There was a danger that Parliament might impose a medical dictatorship. Medical efficiency was not all it should be in many parts of the country. Medical qualifications were not difficult to obtain if one had the money and could stay the course. At the bottom, one third of the medical profession was pretty low and he believed that a special form of inspection might help efficiency. The B.M.A. would cut off its nose to spite its face if it did not come in when this Bill became law.

Mr. HEATHCOTE AMORY said the Bill, throughout, seemed to regard doctors as a body of men who, given the opportunity, would abuse their positions.

Mrs. RIDEALGH asked whether the Minister would help doctors who would be in difficulties during the transitional period. She had been told there were 500 affected.

A PRACTICAL DIFFICULTY

Sir E. GRAHAM-LITTLE said there was a practical difficulty about the Bill. Good authorities estimated that if the Bill was put into operation at least three times as many doctors would be wanted as were now available. The present strength of the medical profession in practice was about 52,000. Nearly the whole of that total were now members of the B.M.A. The resolutions of that Association were surely important for the Minister to consider. All the discussions in the medical press and at meetings pointed to a great disinclination to accept service under the Bill. The doctors would not strike. That was a ludicrous suggestion. Most would say: "We do not want to work under a State service and we shall continue to work as we are now." As a member of the medical staff of a great teaching hospital he said it was wrong to suggest that the hospital system had failed to give a general service to all classes of the community, except, possibly, the middle-class. The acid test of the efficiency of a hospital was medical research. For 400 years the voluntary hospital and what was now called the municipal hospital had existed side by side, but the voluntary hospital had done the research. Mr. Willink, in his White Paper of 1944, had claimed the direction of doctors, but finally repudiated that power. It was in no way repudiated by Mr. Bevan. How many of the 50,000 active practitioners would join the service? Not more than half were likely to join the service, but the Minister needed 150,000. Various efforts had been made by the Government of Australia to introduce a State medical service, but they had uniformly failed. The N.H.I. Act of 1911 started under a handicap and had never been the success it might have been had there been greater circumspection in the approach to the profession. A greater circumspection in approach was needed now. There was no possibility of 100,000 doctors being trained in time for the appointed day under the Bill. The Dominions' offices were overwhelmed by applications from demobilized young doctors to go away from this country. To South Africa 100 of the younger doctors were emigrating, to Australia 150, and the figures for Canada and New Zealand were similar.

Sir Henry MORRIS-JONES said Mr. Bevan could not complain of an obstructive opposition to the Bill. Mr. Bevan and Mr. Key had in this Bill achieved a Socialist programme and were carrying through a great measure of nationalization. The doctors in the service became servants of the State, and for the first time people would be precluded from earning a living in places where they wished to earn it.

Mr. SOMERVILLE HASTINGS congratulated Mr. Bevan on a great Bill. It would provide, for the first time, a possibility of complete union between the preventive and the curative services. For the first time there would be a unified hospital service under the Minister. It had been noted in Committee that Mr. Bevan inclined to give more power to the hospital management committees and less to the regional hospital boards. Mr. Hastings warned him of the danger of this. The

use of beds must not be left entirely to the hospital management committees, nor should the higher appointments be so left. In statistics a uniform method of recording would be advantageous.

Dr. MORGAN said the bulk of the doctors, if they could be rid of the political prejudice from the other side, would work the Bill.

Mr. WILLINK said all parties were committed to sweeping changes in the sphere of public health. No reference had been made during the debate to the appointed day being April 1, 1948. That was at least a year, and probably two years, later than Labour M.P.s had thought a National Health Service would come into operation. But for the increased difficulties which the Minister had put upon his Department and on local authorities by his scheme, the Bill could have come into operation at least nine months earlier than it would do. He wished to bring to Mr. Bevan's attention the obscurity of the law relating to mental health as it emerged from the Bill.

It was, Mr. Willink remarked, one of the features of this Bill that mental health was brought, as it should always have been, within the sphere of the general health service, but the law with regard to mental health as it emerged from the Bill was lamentably obscure. He hoped the Minister would make rapid progress in clearing this field.

Mr. Willink said that since the Second Reading the position of the Central Health Services Council had been improved and that the individual hospital had been made a legal person with power to receive money and other property. The ridiculous remoteness of the Medical Practices Committee had been mitigated by a promise that in substance the doctors of the district would make the effective decisions on the succession to practices. The oppressive provisions of Clause 35 had been substantially improved. But the Bill still enabled extraordinary things to be done, and the Conservative Opposition objected to it because it discouraged voluntary effort and association. Every voluntary hospital was being taken over by the State and the Bill contained a provision enabling any future medical institution which might be set up to be taken over by the Minister. There was no security for any medical curative institution. Money given for the benefit of a locality or of a particular hospital would on April 2, 1948, become the property of the Minister of Health, to be put wherever he liked. The Minister would control the Hospital Endowment Fund. Local government was mutilated by removal of responsibility for any form of hospitals and by separation, on an unexplained basis, of the hospital service from the clinic service. The Minister prided himself on creating an entirely new hospital service. Was this the time for the Government to take on itself that extraordinary function? The Minister was taking power to direct the management of every place in the country where a citizen could obtain hospital care and even of the teaching hospitals. The Minister would redistribute £32,000,000 of charitable funds over England and Wales and did not even propose to bring his scheme before the House. There was no limit on what the Minister did with the money belonging to the voluntary hospitals. The Minister's unjustified insistence on a basic salary for every doctor was a first instalment of what Mr. Key had admitted to be inconsistent with people choosing the doctor they wanted. There was direct and indirect pressure in the Bill upon the medical profession to enter the service and insecurity for all who came in because of the absence of any appeal from a tribunal two-thirds lay, save to the Minister. Partnerships were threatened. Partners were no longer to be free.

THE MINISTER'S REPLY

Mr. BEVAN said he had a light task in replying. He rejoiced that the measure before the House was entirely different from the one on which Mr. Willink had laboured, which was unpalatable and unpopular. If Parliament entered into a contract with the citizens, collected from them a contribution, and in return gave a certain service, how could the contract be carried out if it was operated through an independent and self-motivating body? In regard to hospitals, Mr. Bevan asked how he could guarantee that the citizen in one part of the country would get the same service as a citizen in another part if the instrument to give that service was an independent, autonomous body. Every single instrument of the Bill must be an agent of the Minister. It was then necessary to ensure that the service did not become too centralized. Therefore the scheme provided for Regional Boards, management committees and house committees. The only voluntary part of the hospital system destroyed by the Bill was the necessity to sell flags and collect money—the indignity of having to collect money by private charity. The reason behind the bitterness of members opposite was that the Bill took away from them one of their chief sources of social and political patronage. It was notorious that first-class surgeons, gynaecologists, and general practitioners had from time to time to desert the practice of their profession in order to seduce millionaires to provide money for teaching medicine. A number of people sat in the House of Lords in consequence of their benefactions. It was established in the medical profession that one of the chief qualifications of some of the ornaments of the profession was that they were able to attract money for the hospitals from rich individuals. The only aspect of the voluntary system which the Bill destroyed was one deeply repugnant to a civilized society, that the care of its sick should be dependent on the benefactions of well-to-do persons.

Voluntary work would be more efficient in future because it would be emancipated from financial considerations. In the hospital scheme of the future the patient, instead of receiving incompetent treatment in a small hospital, was taken to another hospital where he got specialist treatment and the endowment of the local hospital followed the patient. The Opposition had put down an amendment to the Third Reading to incite the medical profession. He was astonished that the leaders of the doctors had identified themselves in a spirit of partisanship with the Conservative Party. The spokesmen of some elements of the medical profession had become the most reactionary politicians in Great Britain. He deplored the medical profession being involved in these discussions and in this controversy. The medical profession, as a whole, would work this scheme wholeheartedly. In a recent plebiscite of the medical profession they decided by a majority in favour of the abolition of the sale and purchase of practices. Why should the young doctor have to seek the assistance of a usurer before he could practise? Why should the medical profession be placed in the toils of usury on the excuse that by doing so a competitive spirit was maintained in medicine? What was wanted was not a competitive but an emulative spirit. Effectively to man the medical profession it was necessary to derive doctors from lower income groups than hitherto. Therefore it was essential to start them off in a proper fashion. In no part of the administration of the Bill had the Minister of Health, or any other authority, the slightest control over the professional conduct of the doctor. Under the scheme doctors were not State servants. They were in contract with a body over which they themselves had considerable influence. They were not in contract with the Regional Boards or with the Minister. Doctors would have more protection under the scheme than they had at present. Under the scheme they had appeals to the Tribunal. They were the most protected profession in the country. He remarked that he had no time to describe the positive merits of the Bill. The Government hoped now to leave controversy behind and to get the co-operation of the medical profession and of all health workers because without that co-operation the scheme was bound to fail. "Now that we are reaching the conclusion let us hope that the echoes of controversy will die down, and that what will reach our ears will not be the declamations of partisans but the whispers and piteous appeals of sick people all over the country, of the weak and distressed who are reaching out their hands to this House of Commons to give them succour and assistance in their difficulties. I believe that eventually it is that small voice that will be heard and will be the most influential and not the raucous declamations of controversialism."

The amendment proposed by Mr. Linstead was then rejected by 261 to 113 and the Bill was read a third time.

Need for Sanatoria

Dr. SEGAL asked on July 18 whether Mr. Bevan knew of the increasing shortage of sanatorium accommodation, and whether he would take joint action with the responsible authorities to retain some of the existing E.M.S. hospitals for conversion into sanatoria.

Mr. BEVAN replied that the crucial factor was not shortage of accommodation but the dearth of nurses and other hospital workers, which precluded the staffing of sufficient additional beds. Every effort was being made to remedy this.

Inspectors for Experiments on Animals.—Asked on July 11 about the appointment of inspectors for investigating experiments by vivisection, Mr. EDE said he would be glad to consider candidates with veterinary qualifications, but medical qualifications were essential in an inspector, and it was rare to find a candidate qualified in both professions. Concerning the recent case at Oxford—which, he believed was still *sub judice*—the premises had been visited the previous month by a Home Office inspector before the outbreak of distemper which was mentioned in the proceedings.

Notes in Brief

Work in connexion with accommodation and amenities for domestic staffs of hospitals has not been singled out for a particular priority. As in other classes of case, priority may be granted where the work is of particular urgency, and licences may also be given for less urgent work that can be undertaken with labour and materials not required for priority work.

The Ministry of Health Standing Committee on Medical and Nutritional Problems includes the following. *Ministry of Health.*—Sir Wilson Jameson, Dr. W. A. Lethem, Dr. H. E. Magee, Dr. D. M. Taylor. *Ministry of Food.*—Lord Horder. *Ministry of Education.*—Dr. J. Alison Glover. *Medical Research Council.*—Sir Edward Mellanby, Prof. S. J. Cowell, Dr. B. S. Platt. *Department of Health for Scotland.*—Sir Andrew Davidson. *Ministry of Fuel and Power.*—Dr. S. W. Fisher. *Ministry of Labour and National Service.*—Dr. E. R. A. Merewether.

The Pneumoconiosis Research Unit of the Medical Research Council has opened a clinic at the hospital at Llandough for the study of certified cases to determine the possibilities of direct treatment. Similar investigations are being made among tin miners in Cornwall, including the possibilities of treatment by the inhalation of finely powdered aluminium. A clinical study of working miners at selected mines in South Wales, in relation to dust and other environmental conditions, is about to start.

According to returns from the local authorities concerned, 66% of the child population up to age 15 were immunized against diphtheria in Manchester at Dec. 31, 1945, 49% in Ashton-under-Lyne, and 52% in Oldham.

Except where considerations of health or safety make such a course undesirable all paraplegic pensioners will, in future, be eligible for the supply and repair of a motor invalid tricycle at State expense.

The Services

Major-Gen. J. C. A. Dowse, C.B., C.B.E., M.C., late R.A.M.C., has been appointed Honorary Physician to the King in succession to Col. (Temp. Brig.) H. A. Sandiford, M.C., late R.A.M.C., retired, and Major-Gen. E. A. Sutton, C.B.E., M.C., late R.A.M.C., has been appointed Honorary Surgeon to the King in succession to Major-Gen. G. A. Blake, C.B., late R.A.M.C., retired.

Surg. Cmdr. H. L. Cleave, R.N., has been appointed O.B.E. (Military Division) and Surg. Lieut.-Cmdr. J. C. Wyatt, R.N., and Surg. Lieut. C. A. Jackson, R.N.V.R., have been appointed M.B.E. (Military Division) for outstanding services while prisoners of war in the Far East.

Surg. Cmdr. V. F. Walsh R.N., and Temp. Surg. Lieut. D. R. Syred, R.N.V.R., have been mentioned in dispatches, and Surg. Lieut.-Cmdr. D. N. Ryalls, R.N.V.R., has been mentioned in dispatches posthumously for good services while prisoners of war in the Far East.

Majors S. M. Banfill, J. N. B. Crawford, and J. A. G. Reid, R.C.A.M.C., have been appointed M.B.E. (Military Division), and Major G. C. Gray, R.C.A.M.C., has been mentioned in dispatches, in recognition of gallant and distinguished services while prisoners of war in the Far East.

Capt. C. T. Robertson, R.C.A.M.C., has been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services while a prisoner of war.

Medical News

Arrangements have been made to hold the next congress of the International Surgical Society in London from Sept. 14 to 20, 1947. The president will be Dr. Leopold Mayer of Brussels, and the general secretary of the society is Dr. L. Dejardin of Brussels. An interesting programme is being prepared. Local arrangements will be in the hands of a British committee of which Prof. G. Grey Turner is chairman, and Mr. H. W. S. Wright (9, Weymouth Street, Portland Place, W.1) the honorary secretary.

On the recommendation of the honorary managing committee of the Bureau of Hygiene and Tropical Diseases, the Secretary of State for the Colonies has confirmed the appointment of Dr. Charles Wilcocks as director of the Bureau with effect from April 1, 1946, and has appointed Dr. H. J. O'D. Burke-Gaffney to be assistant director with effect from July 16, 1946. Dr. J. F. Corson, who, since July, 1943, had given his help as acting assistant director of the Bureau, retired on June 30.

The Fellowships offered by the Commonwealth Fund of New York to British graduates for tenure in American universities have now been resumed after interruption by the war. The committee of award have made the following appointments in medicine for 1946–7: A. H. Cruickshank, M.D., to Johns Hopkins University; A. M. M. Kelvie, M.B., Ch.B., to the Mayo Clinic.

A site is being sought in London by the Save the Children Fund for a memorial to children of all countries who lost their lives during the war.

Sir Comyns Berkeley, F.R.C.P., F.R.C.S., F.R.C.O.G., who died on Jan. 27, left £123,659, the residue of which goes to Gonville and Caius College, Cambridge, for the provision of medical fellowships.

Universities and Colleges

UNIVERSITY OF LONDON

Westminster Hospital Medical School

Lord Woolton will deliver the Inaugural Address at the opening of the new academic session in the Sir Edward Meyerstein Lecture Theatre of the School on Monday, Oct. 7, at 3 p.m.

An entrance scholarship examination in anatomy and physiology will be held on Sept. 11 and 12. Applications for further particulars must reach the secretary, Westminster Hospital Medical School, 17, Horseferry Road, S.W.1, by Aug. 16.

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—P. H. Beamish, F. G. Callus, M. C. Connell, M. A. Egan, M. A. FitzGerald, E. H. Hanson, I. L. McKelvie, M. Mandelstam, Gwenllian B. Morgan, B. Navid, J. F. Nicholl, E. J. Richardson, W. V. Taylor, B. C. H. Ward. *Part I:* L. Charney, M. G. E. Shakankiri, K. N. Tankariwala.

UNIVERSITY OF BIRMINGHAM

The following appointments to full-time Clinical Chairs of Medicine, Surgery, Obstetrics and Gynaecology, and Paediatrics and Child Health are announced:

Chair of Medicine: W. M. Arnott, M.D., F.R.C.P.Ed. *Chair of Surgery:* F. A. R. Stammers, C.B.E., F.R.C.S. *Chair of Obstetrics and Gynaecology:* Hilda N. Lloyd, F.R.C.S., F.R.C.O.G. *Chair of Paediatrics and Child Health:* J. M. Smellie, M.D., F.R.C.P.

UNIVERSITY OF EDINBURGH

At a Graduation Ceremonial held on July 24 the following medical degrees and diplomas were conferred:

M.D.—[1]A. El Shahed, [2]J. Innes, [3]R. J. G. Rattrie, [13]J. S. Robson, D. C. Ross, [13]I. D. Willatt.

CH.M.—I. S. Smillie (gold medal), R. Strang.

M.B., CH.B.—Grace Barker, Patricia M. Barraclough, Elizabeth L. Batchelor, Margaret R. Bate, F. A. Beale, Fiona M. Bennett, H. L. Binnie, W. L. Blackett, W. J. O. Box, [4]Mary M. M. Boyd, E. R. Brooks, J. R. Brotherton, J. Brown, Pamela J. Brown (*née* Rickword), S. P. Bruce, Mary C. Buchanan, Katharine A. Burn-Murdoch, J. Burton, A. Cameron, W. W. Campbell, I. W. Clark, [4]Barbara E. Clayton, D. C. Cockburn, Iole L'E. K. de Lingen, A. C. Douglas, D. Duncan, J. A. Ewing, R. M. Foster, A. D. B. Fotheringham, R. Frater, E. N. S. Fry, K. G. Gadd, W. R. Galloway, Constance A. Gibbs (*née* Mitchell), R. A. F. Gilbert, J. M. Gill, R. Gillott, Philippa A. Glyn, A. Goldberg, R. H. Gosling, Jessie E. J. Grainger, E. R. Gunn, Sheila I. Haldane, K. C. R. Halliday, T. L. Henderson, J. S. Holden, R. Houston, Moira B. Hughes, Elizabeth S. Humble, R. C. Humphreys, Morag L. Insley (*née* Henderson), A. S. Ireland, G. Irvine, A. B. Jamieson, D. A. Ll. Jones, J. D. Kerr, Alison B. King, Isabella Kingan, Charlotte M. M. Kirkcaldie, I. C. S. Knight, R. R. Lam, S. G. E. Laverty, Rosemary W. Lawrence, Isabel J. K. Ledger, Mary K. Lethem, I. C. Lewis, K. A. Lim, P. D. Livingstone, Helenor F. Lochhead, [4]J. A. Loraine, Ethel M. J. Loudon, A. C. M'Dougall, Margaret M. MacDougall, W. A. Macdougall, P. C. MacGillivray, R. C. MacGillivray, D. M. MacKay, I. G. MacKenzie, D. L. MacKinnon, J. MacLean, A. M'Nab, R. C. Macnair, Betty Mallace, Dilys Manners, T. S. Martin, K. W. Matheson, Katherine-Alice Mercer, J. D. C. Millar, F. R. D. Minett, R. R. W. Mirrey, Irene M. J. Monaghan, Isobel S. Mowat, Elspeth M. Orr, O. E. Owen, J. R. Page, H. M. Park, F. L. Rawson, A. Reid, D. Reid, Myrtle V. Richards, B. Ruebner, [4]W. R. St. Clair, Kathleen I. Scott, Anne K. I. Sellers, W. L. Sewell, Helen M. Shearer (*née* Lenman), C. G. Sim, D. A. Sime, D. C. Simpson, K. Sinclair, G. M. M. Smibert, L. S. Smith, I. F. Sommerville, A. R. Somner, J. O. Taubman, Emily D. J. Todd, C. H. M. Walker, C. H. Wheatley, [4]Rachel B. White, J. W. Whittick, A. J. Williams, C. E. Williams, A. T. Wilson, J. T. Wright, D. Yuille, Monica M. Zealley.

B.SC. (Department of Pure Science)—Mary C. Buchanan, M.B., Ch.B.

DIPLOMA IN PSYCHIATRY.—[1]J. B. Methven.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—W. Bain, [1]J. A. P. Bouton, [1]G. Buchanan, C. W. F. MacKay, J. P. Mehrotra, K. D. Moynagh, [1]W. O. Petrie, J. M. Smith.

POLISH SCHOOL OF MEDICINE AT EDINBURGH

M.D.—K. Durkacz, L. Kulczycki, Magdalena K. Munk, R. Rejthar, O. Rymaszewski, T. J. Szczesniak, H. Wójcicki.

M.B., CH.B.—A. Bobak, W. Galecki, K. Getta, Z. Giedrys, E. Grubsztejn, W. Kaczmarek, A. Kurowski, [1]T. Labęcki, Z. Liskowicz, Z. Milewski, Liwia Mitis, [1]K. Sztabert, L. Wachala, A. Włoczewski.

The following scholarships, bursaries, prizes, etc., were awarded in the Faculty of Medicine: *Cameron Prize in Practical Therapeutics:* A. Szent-Györgyi, M.D., Ph.D., professor of medical and organic chemistry in the University of Szeged, Hungary, in recognition of his distinguished contributions to the knowledge of vitamin C. *Ettles Scholarship and Leslie Medal* and *Scottish Association for Medical Education of Women Prize:* Rachel B. White. *Chiene Medal in Surgery:* I. S. Smillie. *Mouat Scholarship in the Practice of Physics, Royal Victoria Hospital Tuberculosis Trust Medal,* and *Thomson Memorial Medal in Child Life and Health:* J. A. Loraine. *Stark Scholarship in Clinical Medicine:* R. F. Robertson. *Buchanan Scholarship in Midwifery and Gynaecology:* Mary M. M. Boyd. *James Scott Scholarship in Midwifery and Gynaecology:* R. C. MacGillivray. *Vans Dunlop Scholarship in Materia Medica and Medicine:* J. A. Loraine.—*Prox. acc.:* R. F. Robertson. *Vans Dunlop Scholarship in Pathology and Surgery:* H. A. F. Dudley. *Dorothy Gilfillan Memorial Prize, Annandale Medal in Clinical Surgery,* and *Lawson Gifford Prize in Obstetrics and Gynaecology:* Barbara E. Clayton. *Beaney Prize in Anatomy and Surgery:* W. R. St. Clair.—*Prox. acc.:* Barbara E. Clayton. *Keith Memorial Prize in Systemic Surgery* and *Pattison Prize in Clinical Surgery:* I. F. Sommerville. *Murdoch Brown Medal in Clinical Medicine:* A. C. M'Dougall. *Wightman Prize in Clinical Medicine:* A. C. Douglas. *Maclagan Prize in Forensic Medicine:* Eileen V. M'William. *Stirton Bursary:* Margaret Stirling. *Colonel Thomas Biggam Memorial Medal and Prize in Pathology:* Rosemary H. M. Davie. *Lewis Cameron Undergraduate Prize in Bacteriology:* D. S. M'Laren. *Cunningham Memorial Medal and Prize in Anatomy* and *Senior John Aitken Carlyle Bursary in Anatomy and Physiology:* W. F. Coulson. *Junior John Aitken Carlyle Bursary*